

# **Emergency Request**

Name of person about whom you are applying:

### Notice to applicant

You should provide the person with a copy of this Emergency Request and notify them a hearing will be held. Guardianship and Administration Act 1995.

#### Type of Emergency Order requested

Guardianship
Administration
Suspension of Enduring Power of Attorney
Relates to a Represented Person (see below for definition of 'Represented Person'

## **Please** provide

as much information as you can for each of the questions in this Request form. Providing insufficient information may delay the processing of this Request. If you need more space to answer questions in this Request, attach as many extra pages as you need. You may also attach copies of any relevant reports or documents.

If you need further information, please phone:

Tasmania

1300 799 625

Outside Tasmania

6165 7500

Email: guardianship@ tascat.tas.gov.au Or visit our website at: www.tascat.tas.gov.au

Office Use:

CMS:

EG:

EPA:

MN:



#### What is an administrator?

An administrator manages the estate or finances of a person with a disability where that person's disability impairs his or her ability to make reasonable judgments in relation to their estate. An administrator may ensure that the person's accounts are paid, protect the person's assets and make any financial decisions that the person could make if he or she had capacity to do so. An administrator cannot make decisions about personal matters.

Further information available in Fact Sheet - Administration

### What is a guardian?

A guardian can make personal decisions on behalf of a person where that person's disability impairs his or her ability to make reasonable judgments about their person or circumstance e.g. Accommodation, provision of services, or medical treatment. A guardian cannot make decisions about financial matters.

Further information available in Fact Sheet - Guardians

### What is an Enduring Power of Attorney?

An enduring power of attorney (EPA) is a legal document that enables a person (the donor) to appointment another person (the attorney) to make financial decisions on their behalf after they lose the mental capacity to make such decisions for themselves.

Further information is available in Fact Sheet - Review of Enduring Powers

#### What is an Enduring Guardian Instrument?

An enduring guardianship instrument is a legal document that enables a person (the appointor) to appoint another person (the enduring guardian) to make personal decisions on their behalf when by reason of disability they become unable to understand the make reasonable judgments in relation to his or her circumstances.

Further information is available in Fact Sheet - Review of Enduring Guardians

**Person Responsible** is a substitute decision maker for a person who is incapable of giving medical and /or dental consent, and can make medical and/or dental treatment decisions for them. Who can be the Person Responsible is set out in section 4 of the *Guardianship and Administration Act 1995*. **Further information is available in Fact Sheet – Consent to Medical Treatment by a Person Responsible** 

#### What is an Advance Care Directive?

An Advance Care Directive (ACD) is a legal document that allows a person to give instructions about future decisions for medical treatment of healthcare. It is made by a person when they have decision-making ability in anticipation of a time when they do not have a the ability to make those decisions due to injury or illness.

Further information is available in Fact Sheet - Advance Care Directive



I. Who is the application about:	3.		hat orders are you seeking from the ibunal?
Title: Surname:			The appointment of an Emergency Guardian –
Given Names:			proceed to question 4
(this form refers to this person as "the person" in all questions.)			The appointment of an Emergency Administrator-
Date of birth:		_	proceed to question 4
Other names this person may be known by:			A suspension of the operation of the EPA – proceed to question 4
			A further power or order in respect of a Represented Person (please provide details below)
Address:			
Postcode:			
Telephone:			
Email:			
Is this person presently in hospital?			
□ No – proceed to complete this application	•••••	•••••	
☐ Yes – which hospital?			
·	4.	Do	oes the person have a disability?
2. Who is making the application:	Who	at is t nowr	he nature of the person's disability? (please specify diagnosis n, e.g. dementia, schizophrenia, acquired brain injury
Organisation:	inte	lectu	al disability):
Title: Surname:		• • • • • • • • •	
Given Names:	*****	• • • • • • • •	
Address:	*****		
	*****		
Postcode:	*****		
Telephone:			
Email:	*****		
	*****		
What is your relationship to the person? (e.g. spouse, child, parent, case manager)	*****		
	*****	• • • • • • • • • • • • • • • • • • • •	
	*****		



5.	Capacity – How does the person's disability affect his or her ability to make reasonable judgements?	7. What are the risks to the person if any emergency order is not made in the ne 10-14 days?	
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6.	What is the urgent need for the Order sought?	8. What other options have been tried to prevent the risk and what was the outcome?	
6.		prevent the risk and what was the	
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ls a Health Care Professional Report, medical practitioner's or psychologist's report available to verify this?	10. Evidence to support the Request: 10.1 Who is the person's primary Person Responsible?		
☐ Yes. Please supply a copy	Title:Surname:		
□ No – if not why not?	Given Names:		
,			
	Address:		
	Postcode:		
	Telephone:		
	Email:		
9. What are the person's wishes?	Relationship to the person:		
9.1 What views has the person expressed about this Request:	10.2 Has the person made an Advance Care Directive?		
	☐ Yes ☐ No If yes, who is the authorised decision maker?		
	Full Name:		
	Address:		
	Telephone:		
	Email:		
	Date of ACD:		
	Registration number (if registered):		
	10.3 Name and contact details of any other persons who should be notified of the Request and the hearing of the Request.		
	Full Name:		
9.2 What are the wishes of the person with respect to the concerns that motivated this Request?	Address:		
·	Telephone:		
	Email:		
	Full Name:		
	Address:		
	Telephone:		
	Email:		
	Full Name:		
	Address:		
	Telephone:		
	Email:		



<ul><li>If your application is for the suspension of an EPA please proceed to question II and I2.</li></ul>	13. If the Tribunal suspends the EPA, does the Donor still need an attorney / administrator?
☐ Please attach a copy of the current EPA.	□ No
	☐ Yes
II. Who is the current attorney of the EPA?	☐ Unsure
Organisation:	Why do you believe the donor still needs an attorney/administrator?
Title: Surname:	
Given Names:	
Address:	
Postcode:	
Telephone:	
Email:	
What is your relationship to the person? (e.g. spouse, child, parent, case manager)	
12. Applications for the suspension of a current EPA?	
Please detail your concerns in relation to the current EPA, including any conflict of duty alleged or any loss suffered by the donor as a result of the current attorney's actions.	



# 14. Please detail the financial details of the person.

Source of income (e.g. salary, Centrelink, DVA, superannuation etc)			
Estimated fortnightly income:			
Estimated savings or investments (including superant Please provide names of financial institutions where known):	nuation.		
Institution: Amount:			
1			
2			
3			
4			
5			
Real Estate: (please provide addresses)			
Other assets: (vehicles, shares or interest in a business etc)			
Estimated fortnightly expenses: (e.g. rent, board, Aged Cautilities etc)	re fees,		
Estimated liabilities: (credit card debt, mortgage, outs accounts, maintenance of dependents etc.)	tanding		
	••••		



## 15. Compulsory declaration by applicant.

I have told the person that I have made this Emergency Order and provided them with Request?	
☐ Yes. Date:	
□ No. Why not:	
Having read through this completed app	olication:
I consider that, to the best of my k the information is true and accurate	
I have not intentionally left information or the names of people to have a legitimate interest in the a	e who are likely
I understand that it is an offence to misleading statement in an application	
Name:	
Signed:	
Dated:	



#### How to lodge the request:-

You can lodge the completed Request form and attachments by:-

 Delivering it in person to:-38 Barrack Street
 Hobart

#### OR

 Mailing it to:-TASCAT
 Guardianship Stream
 GPO Box 1311
 HOBART TAS 7001

#### OR

 Emailing it to:guardianship@tascat.tas.gov.au

# INFORMATION FOR THE PERSON WHOM THE REQUEST IS ABOUT:

The Tribunal will in almost all instances hold a hearing to determine this Emergency Request. A hearing will occur as soon as practically possible. The Tribunal will advise you of the time of the hearing.

You do not have to attend the hearing. If you chose to attend, you have the right to make oral submissions or put before the Tribunal written material/evidence that you want the Tribunal to take into account in making its decision. You also have the right to be represented by a lawyer or advocate.

The Tribunal is not required under the *Guardianship* & *Administration Act 1995* to hold a hearing or give notice of hearing. Upon receiving an Emergency Request the Tribunal may make such enquiries or investigations it thinks fit.

The Tribunal can make an Order for a period not exceeding 28 days. The Order may be renewed once for a further period not exceeding 28 days.